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| EMPLOYEE TIME SHEET – SALARY CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pay Period: | | From: | | | 09/01/2024 | | | To: | | 09/14/2024 | | | Employee #: | | | | | | | | | |  | | | |
| Employee Name: | | | |  | | | | | | | | | Division: | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | Sun | | Mon | | Tue | Wed | Thu | | Fri | | Sat | Sun | | | Mon | | | Tue | Wed | Thu | Fri | | | | Sat | Total |
| 09/01/24 | | 09/02/24 | | 09/03/24 | 09/04/24 | 09/05/24 | | 09/06/24 | | 09/07/24 | 09/08/24 | | | 09/09/24 | | | 09/10/24 | 09/11/24 | 09/12/24 | 09/13/24 | | | | 09/14/24 |
| Hours Worked |  | |  | |  |  |  | |  | |  |  | | |  | | |  |  |  |  | | | |  |  |
| Leave Taken |  | |  | |  |  |  | |  | |  |  | | |  | | |  |  |  |  | | | |  |  |
| Type of Leave |  | |  | |  |  |  | |  | |  |  | | |  | | |  |  |  |  | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I hereby certify that the above detailed hours are true and complete.** | | | | | | | | | | | | | |  | | Employee Status:  🞎 Full Time (40 Hours/Week)  🞎 ¾ Time (30 Hours/Week)  🞎 ½ Time (20 Hours/Week)  🞎 ¼ Time (10 Hours/Week)  🞎 Support Staff (Hours/Week Vary) | | | | | |  | | Total Hours | |  |
|  | | | | | | | | | | | | | |  | | | | |
| Employee Signature | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Supervisor’s Signature | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Types of Leave: **S**=Sick Leave **V**=Vacation **PH**=Personal Holiday **F**=Funeral Leave **H**=Pay Holiday **A**=Administrative Leave **L/O**=Leave Without Pay | | | | | | | | | | | | | | | | | | | | | | | | | | |

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